	PATENT	APPLICATI Effe	OR	10 814628								
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY			R THAN ENTITY
	TOTAL CLAIM					7	RATE	FEE	٦	RATE	FEE	
1	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	₹ 385.00	OB	BASIC FEI	+
	TOTAL CHARGE	minus 20=		•		1	XS 9=		OR	1		
u	DEPENDENT (Ominus 3 =		• -			X43=	 	7	Vac		
N	IULTIPLE DEPE	NDENT CLAIM F	RESENT						1	HOA	700E	
* If the difference in column 1 is less than zero, enter *0* in column 2								+145=		OR	<u> </u>	
	eriorio de la Companya (Companya (Co		TOTAL	<u> </u>	OR	TOTAL	110					
	A 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	(Column 3)		SMALL	ENTITY	OR	OTHER					
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total .	. 5	Minus	-20	0	*	lſ	X\$ 9=		ОЯ	X\$18=	-165-
	moepencent	. 2	Minus	3		=		X43=	 	1	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPEN				CLAIM		▎┟		 	OR	-	· · ·
					. •		L	+145= YOTAL	<u> </u>	OR	+290=	
		(Column 1)	• •	· (Colum	- 0		A	DDIT. FEE		OR,	ADDIT. FEE	
þ		CLAIMS REMAINING		HIGHE	ST	(Column 3)	ſ		ADDI-	1 1		ADDI-
ŧ		AFTER AMENDMENT		PREVIOU PAID F	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
CHENDINENT	Total	. 5	Minus	• ~	0	. —		X\$ 9=		OR	X\$18=	
	Independent	• 2	Minus	•••	3	ė <u> </u>		X43=		OR	X86=	•
	THIST PRESE	NTATION OF MU	LTIPLE DEI	PENDENT C	LAIM			+145=		OR	+290=	
							ـــ کم	TOTAL DIT. FEE		OR,	TOTAL ODIT, FEE	
	(Column 1) (Column 2) (Column 3)								٠.	·. · •		
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT	•	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Ž Q	Total	•	Minus	••				X\$ 9=		<u>.</u> ,	X\$18=	FEE
ME	Independent	•	Minus	***		•	-	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	∧00 #	
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							145= TOTAL		OR	+290=	
. 1	The Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS	S SPACE IS M	es than	3. enter "3"	~	DIT. FEE			DOIT. FEE L	

Application or Docket Number